INSIGHT

The QS/1 Magazine

NRx & Nursing Home pg 14

What's

Your

Specialty?

Nursing Home

HME

Compounds

July 2006

QS/1

www.qs1.com

It's hard to believe it's been almost a year since our last Customer Conference. Now, we're packing up and getting ready to head to St. Louis, Missouri.

The QS/1 Customer Conference offers you several opportunities.

First, various seminars will be offered on QS/1 products and the industry issues facing us all. We'll give you a deeper look into the software applications and introduce you to new enhancements. We'll show you ways you can better utilize these features within your business.

Second, it's a great way to network with other pharmacists and healthcare providers. In addition to the advice QS/1 offers, getting to know other QS/1 customers and hearing how they operate in their environment can give you great ideas to take back with you.

The three day conference is a great learning experience, whether you've just installed your system, or have had it for years. Everyone leaves the Customer Conference with knowledge they didn't have before.

If you would like to attend and have yet to register, there is still time. Visit our website, qs1.com, for a complete schedule of conference events, as well as a page where you can register online.

In this issue of Insight, What is Your Specialty? there is something for everyone. Whether you're a single pharmacy serving a small community, an HME operation or service a nursing home facility, you'll find information that will assist your needs.

Also in this issue, we'll introduce to you the new technology of Biometrics. This makes cracking someone's password nearly impossible. We explore this new technology and show you how it could improve the sensitive data your customers trust on your system.

Again, we hope you'll be able to attend this year's Customer Conference in St. Louis. The information provided from QS/1, as well as industry speakers, is worth the investment. We look forward to seeing you there!

Tammy Devine
Senior Vice President, QS/1

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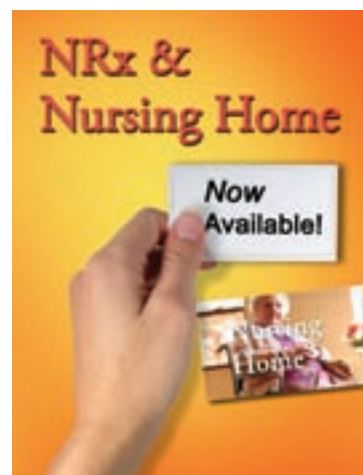
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Electronic Prescribing...

by Michael Hughes, Sr. Manager, Marketing Communications, SureScripts

On May 8ᵗʰ the National Association of Chain Drug Stores (NACDS), the National Community Pharmacists Association (NCPA) and SureScripts® announced the results of the first ever nationwide review and ranking of electronic prescribing activity and the recipients of the first annual SafeRx™ award.

"SafeRx" recognizes how e-prescribing improves patient safety by providing a more secure and accurate prescribing process. The award goes to the top 10 e-prescribing states in the nation and three physicians within the winning states who have demonstrated outstanding leadership through their use of e-prescribing technology. Results are based on an analysis of data from new prescriptions and refill responses electronically transmitted over the SureScripts Electronic Prescribing Network™. States are ranked based on the number of prescriptions routed electronically in 2005 as a percentage of the total number of prescriptions eligible for electronic routing

SafeRx Award Winners:

Top 10 E-Prescribing States

1. Rhode Island
2. Nevada
3. Massachusetts
4. Maryland
5. Florida
6. Delaware
7. Virginia
8. North Carolina
9. Ohio
10. Michigan

"Get Connected" for Electronic Prescribing!

If you are a QS/1 client that uses the NRx, RxCarePlus, CRx or PrimeCare systems, your pharmacies can be enabled to communicate electronically with physicians in these top 10 states, and the 37 other states across the nation where physicians and pharmacies are exchanging prescription information electronically.

With this connectivity you can receive new prescriptions directly on your pharmacy computer, not via fax or phone. Requests for prescription renewals can be sent, and responses received using your computer as well. This is not only a safer, more accurate process but **it also delivers returns**! An April 2005 study by Michael Rupp Ph.D, R.Ph. documents that electronic prescribing delivers per-prescription labor costs equivalent to $0.97 per each new prescription and $0.37 for each renewal transaction managed electronically.

What's more, independents need to take steps to connect in order to remain competitive with chains. Over 2/3 of chain pharmacies have the ability to process electronic transmissions. Tens of thousands are doing so already!

If you need to establish this connectivity at your pharmacy we encourage you to **call your QS/1 representative and ask to develop a plan to get connected to the**

GAINS MOMENTUM

SureScripts Electronic Prescribing Network™.
150,000 Physicians Can Be Communicating With Pharmacies Electronically

As with pharmacies, momentum for e-prescribing is growing on the physician side as well! SureScripts has already completed certification of over 35 different physician technologies for connectivity to its network, representing over 150,000 physician users across the nation! The problem is that most physicians are using these technologies to believe it or not - send fax-based prescriptions to their local pharmacists' fax machines.

This represents a new opportunity for 150,000 physicians to enable themselves for electronic prescribing, using investments they've already made. To support this, statewide technology assessment campaigns designed to help physicians determine if their practice already possesses the technology to establish a direct, computer-to-computer connection with their local pharmacies through the SureScripts Electronic Prescribing Network.

The statewide assessments were launched during the week of May 8th in 13 states: CA, FL, MA, MD, MI, NY, NC, OH, PA, RI, TN, TX and VA.

This '**Get Connected' campaign is supported by various state healthcare organizations that represent pharmacies and physicians alike.** This includes state medical societies, state pharmacy associations, quality improvement organizations, health plans and collaborative groups focused on e-prescribing. This is all done **in conjunction with the state's local community pharmacies that are already connected for e-prescribing**.

With a total of twenty-nine (29) healthcare stakeholder organizations supporting the statewide technology assessments, the campaign is an extremely collaborative effort with numerous voices delivering the message about the importance of pharmacy connectivity. The

assessments are designed to help physicians determine if their practice already possesses the technology to establish a direct, computer-to-computer connection with their local pharmacies through the SureScripts Electronic Prescribing Network.

Practices will receive the one-page assessment by fax and/or mail, and will have the option to respond by completing and returning by fax or by completing it online at www.GetRxConnected.com. Practices that respond will receive a *Practice Compatibility Report*. The report will specify if a physician's practice possesses the technology to establish a true electronic connection with pharmacies in their area and outline steps on how to get connected.

Based on their individual answers to the assessment, the report will also offer an estimate of the time and associated costs currently spent by the practice managing the refill process by fax and phone.

Get Connected!

If you have not yet established a connection to the SureScripts network and enabled your pharmacy for electronic prescribing, please contact your QS/1 representative today. **You can not be disadvantaged in the marketplace.** The vast majority of chains are already actively exchanging prescription information with physicians electronically and more and more independents are getting connected each week.

Contact your QS/1 representative today and Get Connected!

Translating Medicare Documentation Requirements for Pharmacies and HME Companies

by Sarah Hanna, Vice President of ECS Billing & Consulting, Inc.

Have you found that you need a translator to help you understand Medicare's language? When it comes to acronyms, you can't beat the government with the number that they come up with each year. As for understanding Medicare's rules and regulations, having access to an interpreter on a daily basis would be very handy. I'm going to try to fill the position as Medicare translator and help you to navigate through the confusing waters of the Medicare documentation requirements for DMEPOS (Durable Medical Equipment, Prosthetic, Orthotic and Supply) products. These documentation requirements affect all providers (yes, pharmacies, too) who provide these items and bill Medicare.

If you are billing Medicare for DMEPOS products utilizing only the physician's prescription pad, then please listen up. If the prescription does not meet the criteria of a detailed written order, then you have not met the requirements of medical necessity to file a claim with Medicare.

There are four types of required medical documentation: 1) the Written Order Prior to Delivery (WOPD); 2) the Dispensing Order; 3) the Written Order; and 4) the Certificate of Medical Necessity (CMN).

Dispensing Order:

A Dispensing Order would look more like your physician prescription pad Rx that the patient brings directly to you. For any item covered by the Medicare system, the Supplier must have an order from the treating physician before dispensing the products/equipment. For verbal orders, it may be given by an agent of the physician acting on his/her behalf. A Dispensing Order may be either written (physician Rx pad) or verbal. It must contain: 1) description of the item; 2) name of the physician; 3) the date. Written documentation of the Dispensing Order must be kept on file and available to the DMERC (now MAC, Medicare Administrative Contractor) upon request.

Written Physician Order (PO):

In order to be reimbursed by the Medicare system, the Supplier must have a detailed PO (original, fax or electronic), which has been both signed and dated by the treating physician before submitting the claim. The PO is in addition to the Dispensing Order, unless the Dispensing Order meets all of the documentation requirements specified in the Medical Policy Section of the Medicare Supplier Manual.

The Written Physician Order must contain the following:
1. Patient's Name
2. Full Address
3. Description of the Item, including all options or additional features, which will be separately billed or will require an upgraded code. It may be narrative or the brand name/model number of the equipment.

- For rental items or items where the coverage criteria in a medical policy specify length of need; the length of need must be on the P.O.
- For items, such as surgical dressings, the order must include quantity used, frequency of change or use, and length of need; i.e., one 4x4 hydrocolloid dressing changed 1-2 times per week for 1 month or until the ulcer heals. "PRN" or "as needed" are not acceptable.
- For diabetic orders, you must list the number of times/day the patient is testing; reasons why the patient is over the test strip and lancet limit based on insulin and non-insulin treated limits and if over the limit, you must have a copy of the patient's home test log.

4. Signature of the treating physician and date the order was signed. If the PO is signed after the item has been delivered, then the date of service for the item must be on the PO.

If your prescription pad Rx contains all of the above information, then it will then be considered the dispensing and written order. However, most prescription pad Rx's do not meet all of the requirements listed above and a written order must be sent to the physician and received back by the Supplier, prior to billing the claim(s).

A new written order is needed in the following situations: 1) change in the order for the accessory, supply drug, etc; 2) as specified in the Documentation section of a particular Medical Policy; 3) item is replaced; or 4) there is a change in Supplier.

Written Order Prior to Delivery (WOPD):

If you are a supplier who provide any of the following equipment, then you will need a WOPD.
1. Seat Lift Chairs/Mechanisms
2. Power Operated Vehicles
3. Pressure Reducing Support Surfaces –Group 1, 2, & 3

4. Pressure Reducing Beds
5. TENS Units
6. Negative Pressure Wound Therapy Pumps

The Order can be in any format such as a physician pad prescription, copy of a signed discharge note or even a blank piece of paper. All of which needs to contain the following: 1) the patient's name; 2) description of the item ordered; and 3) the physician's signature and date.

In order to receive reimbursement, the equipment may not be sent to the patient until the supplier receives the order. It is a good idea to have a Date-Received stamp to help prove that the Order was in the supplier's possession prior to delivery.

This requirement is mainly used to prevent abuse and to assist in an audit situation. If a claim were called into question, Medicare would require copies of the delivery ticket, the written order prior to delivery and the Written Order or CMN. The delivery can then occur either on or after the day the supplier receives the order. The WOPD is also considered the Dispensing Order for these items.

Certificates of Medical Necessity (CMN)

Items currently requiring a CMN are:
1. Enteral Nutrition – Product, Equipment and Supplies (changing to a DIF form 10/1/2006)
2. External Infusion Pumps (changing to a DIF form 10/1/2006)
3. Oxygen and Equipment
4. Lymphedema Pumps (Pneumatic Compression Devices)
5. Parenteral Nutrition (changing to a DIF form 10/1/2006)
6. Hospital Beds and Accessories (CMN will no longer be required 10/1/2006)
7. Seat Lift Mechanisms
8. Pressure Reducing Support Surfaces – Group 3 (CMN will no longer be required 10/1/2006)
9. Tens Units
10. Osteogenesis Stimulators

The CMN is a federally regulated form and is monitored carefully. Any provider who does not comply with the regulations regarding the completion of the CMN can be fined per instance (per CMN). Sections A & C may be completed by the Supplier:

1. Section A:
   The Initial Date should be either the specific date that the physician gives as the start of the medical necessity or if the physician doesn't give a specific date, the Initial date should be the date of the Dispensing Order.
2. Section B:
   The physician or an agent acting on his/her behalf

must complete this section. A letter confirming the physician's verbal order (cover letter) may be sent along with the CMN to assist the physician in the completion of this form. However, it is entirely up to the physician to determine the medical necessity for the equipment being provided.

3. Section C:
   The description of the items provided must include not only those HCPCS listed in Section A, but also any accessories, options, supplies, or drugs which are related to the item and are provided by the Supplier. The accessories are for billable items only. Items included in the rental would not be listed. There should be a narrative description for each related item billed on a separate claim line. For every item listed, the Supplier must include their submitted charge as well as the Medicare Fee Schedule allowed for the items. This section must be completed prior to sending to the physician.

4. Section D:
   The signing physician must be the one who is actively/presently treating the patient. For electronic CMNs, the Supplier must indicate the presence of the physician's signature as specified in the electronic billing instructions. The signature date must be the date that the physician signs. The physician must hand write the signature and date. Stamps are not acceptable.

If any change is made to a CMN after Section B has been completed and the physician has signed it, the physician must line through the correction and initial and date the change. The Supplier may choose to have a new CMN completed. For a hard copy CMN, the physician may mail or fax it back to the supplier. When it is faxed back, the backside of the CMN doesn't have to be included.

Each item requiring a CMN has specific coverage criteria listed in the Medical Policy Section of the Medicare Manual. The person in charge of the CMNs must be extremely familiar with each Medical Policy and utilize his/her Medicare Manual on a day to day basis. Continual reference to it is imperative to the Supplier's claims payment success.

The medical documentation required to bill Medicare for products are more detailed than the "Old days." Staying in compliance with these requirements will protect your company from the far reaching arms of the Benefit Integrity Unit and the post – pay audit.

International Academy of Compounding Pharmacists

Protecting & Promoting Compounding Pharmacy

by L.D. King, Executive Director, IACP

The International Academy of Compounding Pharmacists (IACP) has fought since 1991 to protect, promote and advance the art and skill of compounding pharmacy. IACP represents more than 1,800 pharmacists, physicians, technicians and patients who are committed to quality pharmacy compounding.

Although the Food and Drug Administration, the U.S. Supreme Court, Congress, and virtually every major association of healthcare professionals have recognized the value of compounding pharmacists, there are threats facing the profession that could affect pharmacists' ability to practice compounding and, subsequently, physician and patient access to these customized medications. IACP is fighting for regulatory protection in courts, in Congress and in the public arena.

Compounding pharmacists value their patients' welfare above all else, which is why IACP has taken steps to promote best practices in the profession. A member of the Pharmacy Compounding Accreditation Board (PCAB), IACP is committed to uniform accreditation standards for the compounding profession. PCAB sets national standards that pharmacies have to meet to obtain accreditation.

In addition to supporting state labeling requirements, IACP provides its members with standardized labeling guidelines for medications compounded for human use for both patient-specific and office-use medications. The guidelines are intended to help pharmacists communicate to their patients that the medication their doctors have prescribed is compounded in a pharmacy to meet their individual needs.

One of the many benefits of IACP membership is its referral service. IACP's referral service helps to connect patients with compounding pharmacies in their locale via a toll-free phone number and through the IACP website. Both services are accessible 24 hours a day, seven days a week. Collectively IACP refers over 15,000 patients to compounding pharmacies every year. This referral service has proved to be positive for business and awareness of the benefits of compounded medications.

For more information about IACP, please visit www.iacprx.org or call 281-933-8400.

Long-Term Care E-MAR's and E-Rx

Decoding the ABC's of LTC

by Richard Edmund, Staff Writer, QS/1

Acronyms. The spoken shorthand that allows us to keep our conversations quick and still pass along important information. We throw out terms like LTC, IT, NCPDP, HL7, CPOE, E-Rx, EHR, ADT, or CMS. Pharmacy people use terms like CHF, COPD, FBS, LDL, and HDL. Everyone has his or her favorite. But for those not in the "club", it can be hard to follow the conversation.

Our goal here is to help you decipher some of these acronyms and put them into context as they relate to healthcare IT (information technology).

E-Prescribing in Long-Term Care

CMS (Center for Medicare and Medicaid Services) is part of HHS (Department of Health and Human Services). This is the government agency that brought us Medicare Parts A, B, C, and most recently D. They also developed HIPAA (Health Information Portability and Accountability Act of 1996).

ERx (electronic prescribing) was a major focus of CMS in the Medicare Modernization Act (MMA). CMS and other government agencies are determined to see that ERx is successful. This is very important for all of us involved in LTC pharmacy. In fact, a pilot project is underway to study the feasibility.

"At the end of the year, the team will publish a report to Agency for Healthcare Research and Quality (AHRQ) and CMS that will be sent to congress in the first quarter of 2007. If all goes well, the pilot should demonstrate that e-Rx can work in LTC and will highlight the hurdles to adoption to help guide legislation to encourage broad e-Rx adoption across the industry," said Mike Bordelone of Achieve Healthcare.
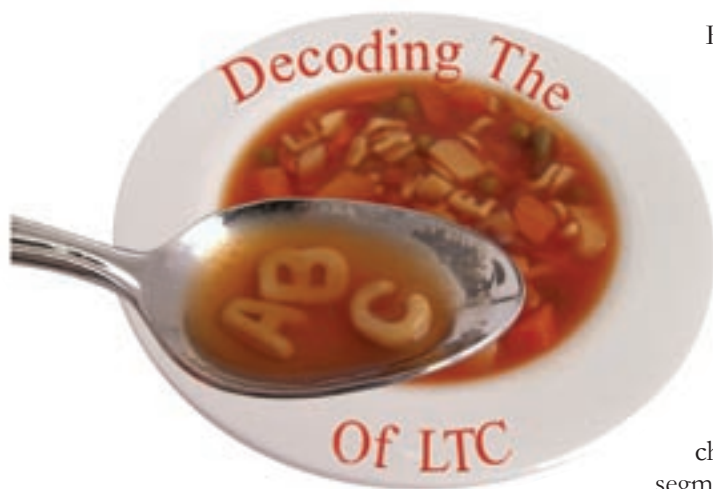
ERx in the retail world is a two-way communication between the prescriber and the pharmacy. The four major networks in the retail segment are Surescripts, MedAvant (formerly ProxyMed), Emdeon (formerly WebMD), and RxNT. The chain and mail order segments predominately use RxHub. These networks facilitate the routing of new prescription information from the prescriber to the pharmacy and in many cases refill authorization requests from the pharmacy to the prescriber and back. In the future, these networks hope to also handle ePA (electronic Prior Authorization).

LTC is different and the LTC Pilot Project will show this. We know there is a third player in the LTC "conversation: for ERx; the prescriber, the facility, and the pharmacy. This is a 3-way conversation that takes more coordination and is more complex than the two-way retail model.

Electronic Health Records

Electronic Health Records (EHR) is also a subject frequently discussed. You hear about the PHR (personal health record) and the CCR (continuing care record). These concepts have made process in ambulatory healthcare. The Federal government has put more resources into ambulatory because it is bigger. Along with this you also have E-MARs (electronic medical records). Interoperability is another buzzword you will hear during healthcare IT presentations. The goal is to make all of these different systems work with each other by creating industry-wide standards.

Most of us are aware with NCPDP (National Council for Prescription Drug Programs). Pharmacy goes all the way back to the universal claim form with NCPDP.

HL7 (Health Level 7) is another important standards creation and setting organization. If you have been involved with interfaces or involved in hospital IT, you may already be familiar with HL7.

What can you do now to keep you ahead of the curve?

- Ask the right questions. Knowledge is power.
- Have a game plan. Make sure your objectives firmly defined.
- Get Involved. NCPDP has a Workgroup specific to LTC. You do not have to be an NCPDP member to participate in the workgroup conference calls.

Please send an email to Jim Hancock, jhancock@qs1.com and we can get you on a conference call list.

Are you getting the "Insider" Information?

by Richard Edmund, Staff Writer, QS/1

Gone are the days of waiting for most anything. We live in an age of instant information. Don't have time to watch the 6 o'clock news? It doesn't matter. There are hundreds of websites available at your fingertips providing the information you need anytime you want, around the clock.

That's the premise behind QS/1's Insider newsletter. It's an electronic newsletter that makes sure you know what's going on with software updates and enhancements.

QS/1 launched the publication of its quarterly magazine Insight in the fall of 2000 to keep customers informed on various issues facing their businesses. As effective as the magazine is, there were needs for more frequent updates to pass along important information.

In the summer of 2005, QS/1 looked at different venues to deliver important information without overloading its customers, who already have busy days deciphering crucial information. That was the beginning of the Insider; a weekly newsletter posted on the QS/1 website, allowing customers to check the update at a time that fits their busy schedule.

The Insider could not have come at a more crucial time for pharmacies, starting two months before the implementation of Medicare Part D. QS/1 was able to provide frequent updated information as we all worked to figure out how the changes would impact your prescription processing, and our ability to help customers make informed decisions.

Each week, the Insider is filled with new information to keep you informed on what changes are taking place and the changes QS/1 is working on to prepare you for software updates. QS/1 software applications are updated each week. The Insider is the venue for reminding you of the latest software versions.

Also available in the Insider is a listing of upcoming trade shows so you can make plans to attend the ones of interest to you. Additionally, the newsletter has links to other resources that can answer questions you might have about news and information.

The Insider is not emailed. You can find it by going to the customer support section of www.qs1.com and signing on with your pharmacy's username and password. Once you are inside the secure customer area, look at the column on the upper-right side of your screen. You'll see the link to the current Insider, and also an archive of previous editions, just in case you missed one!

Make sure you check it out each week to gain tidbits of knowledge that can help you make your system run more efficiently.

Biometric Readers:
The Next Level in Security

by Richard Edmund, Staff Writer, QS/1

Your computer network's security is only as safe as your employees make it. Use yourself as an example. Think back to the passwords you've chosen over the years. Typically, we pick words we can easily associate with our lives. How many times have you used names, like your spouse, children, or even a pet? It's easy for you to remember, and easy for others to figure out. With strict HIPAA regulations, no one wants to make it easy to hack your system.

QS/1 is looking at a growing trend in computer security as a way to protect your pharmacy, your workers, and your patients.

Welcome to the world of biometrics.

Biometrics is the study of biological phenomena and observations by statistical analysis. Biometrics can use physiological attributes or behavioral characteristics as a means to allow access into your system. Biometrics doesn't necessarily replace passwords, but they can be added to increase your system's security.

What features make-up biometrics? Most features that are unique to an individual can be used. The face, fingerprints, hand geometry, iris, retinal, and voice recognition.

You might be able to guess a co-worker's password, but it will be hard for someone to mimic their voice well enough to fool a computer, or use their fingerprint without their

knowledge. It's this kind of technology that is going to make gaining access more difficult.

"Most aren't fool-proof, but they are trainable," says Brian Cannon, Director Application Development, QS/1.

When you think fingerprints, your mind might draw an image of the criminal suspect being arrested and booked into jail. However, fingerprints are commonly used now to identify the "good guys".

Most systems utilize employees' fingerprints to authenticate onto the system. A "reader" would be attached to the computer that would allow the employee to scan their fingerprint to verify it's truly that employee wishing to log on to the system. That authentication can be for a client computer, or even to the pharmacy network.

The employee would submit several "samples" of their fingerprint. The biometrics system analyzes each scan to more accurately identify when the employees use it to sign on.

According to the Biometric Consortium, a group that works to research and further the technology, biometrics is quickly becoming an accepted standard being used by more companies, and even individuals, to safeguard the data stored on their computers.

System Administrators may like it because if biometrics replaces passwords, they won't be required to make the mandatory periodical password changes. Most companies, though, will likely require passwords and the use of biometrics.

QS/1 plans to utilize the technology to protect your pharmacy, and the important data on your computers, from being breached. Biometric authentication will be integrated into the Graphical User Interface (GUI) software applications. For the time being, no timetable has been set to implement the technology. However, developers are looking at the growth of the biometric standards to find ways to properly apply them to our system.

Everyone can agree, it's a step in the right direction to make sure systems more secure.

QS/1's Point-of-Sale Puts You in Control with
Credit Card Clearinghouse Options

by Melanie Hershberger, Staff Writer, QS/1

QS/1 has reached agreements with Global Payments, Inc. and First National Merchant Solutions, which will allow the integration of these providers' services into our Point-of-Sale system. Both companies provide complete processing capabilities for all major credit, debit and purchasing cards. These additional partnerships, beginning with the release of Service Pack 17, will allow QS/1's Point-of-Sale customers to choose their credit card clearinghouse.

Business owners are well aware that with each customer's credit card swiped there is a required percentage of each sale that must be paid. But, what is not common knowledge is who receives that payment. "While the term "clearinghouse" may be unfamiliar, as are the names of the various credit card clearinghouses, our customers need to know that the majority of credit card transaction processing is outsourced," said Sonny Anderson, Director, Systems and Technology, QS/1.

Once your customer presents his/her credit card information, this data is transmitted to a clearinghouse (also referred to as a processor or acquirer). The clearinghouse is a firm that you, the merchant, have either contracted with directly or indirectly, to clear charges in exchange for a flat fee and a percentage of every charge processed.

"While the term "clearinghouse" may be unfamiliar, as are the names of many of the credit card clearinghouses, our customers need to know that the majority of credit card transaction processing is outsourced."

The clearinghouse then contacts the bank that issued your customer's credit card and verifies the charge is acceptable. If it is accepted, the clearinghouse then sends a confirmation message to your store. At the same time, the available credit from the customer's credit card is frozen by the amount of the transaction. Once a transaction agreement is reached, the clearinghouse starts the process of transferring the money from the credit card bank to your store's bank account.

Every business owner is concerned with the fees charged for processing credit cards. Therefore, it is important to know each clearinghouse offers different rates for credit card processing. Also, the rates of any one clearinghouse generally vary according to card classifications (i.e. business, consumer, or reward cards). So, consideration must be given to the rate for which certain cards qualify.

Now that QS/1 has made it possible for our Point-of-Sale customers to choose which clearinghouse processes their business's credit card transactions, they will have more control over the rates they are charged. Service Pack 17 will provide the necessary software enhancements to communicate with Global Payments, Inc. and First National Merchant Solutions. QS/1 also has future plans to add Chase Payment Tech, NOVA, and First Data Merchant Solutions to the list of clearinghouse options from which our customers can choose. For more information, please contact QS/1's Upgrade department at 1.800.845.7558 ext. 1412.

QS/1's Point-of-Sale System

QS/1 in the Forefront with
E-1 Transmissions: More is Better

by Richard Edmund, Staff Writer, QS/1

More changes are in the works for the way pharmacies transmit and receive information for Medicare Part D claims. But these changes will actually be helpful in your prescription processing duties. You can rest a little easier about these changes knowing QS/1 is helping give input on these changes to look out for your interests.

The National Council for Prescription Drug Programs (NCPDP) is devising new eligibility (E1) transaction functionality for Medicare's Prescription Drug Program that launched at the beginning of the year.

The NCPDP is one of several Standards Development Organizations involved in healthcare Information Technology and Standardization. Basically, the group works to implement standards for the transfer of data to and from the pharmacy to third parties within the healthcare industry. What makes NCPDP unique is it's the only such organization that focuses solely on pharmacy services.

So what does this mean to you?

As mentioned earlier, NCPDP is working on a new method, called E1, to share the data between the Facilitator and CMS. As pharmacists, you gather all of the pertinent patient information to ensure claims are processed with as few issues as possible. But we all know that is not always the case. E1 transmissions hope to share enough information between the pharmacy and the third parties to minimize those errors and rejections.

QS/1 Senior Support Engineer Kevin Crowe is a member the NCPDP Eligibility Response Task Groups. It's charged with looking at the needed changes within the hierarchy and making recommendations to the group on those changes.

"My role in the Task Group is to make sure that the interests of the QS/1 customers are heard. I make sure that the needs of our pharmacy customers are presented and addressed. The Task Group consists of members from the payers, state Medicaid, chain pharmacies, consultants, CMS, and more. My input makes sure that our segment of the industry has a voice in the discussion and decision making process," Crowe said.

The plan currently under consideration will share information from the third party with the pharmacy submitting the claim request:

- Low-Income Subsidy Level
- Partial-Name Information (to verify correct match)
- Contract Number
- Plan Benefit Package Number
- Effective Date
- Termination Date
- Formulary ID
- Other Insurance Information

Another benefit will be the ability to check future, and past, eligibility for claims. You will be able to see if the third party would approve a claim 90 days in advance or past.

There is no concrete timetable on when these recommendations will be accepted. And if they are accepted, when they would be put into place. The hope is to have movement on recommendations sometime this summer.

QS/1 will continue to offer its input into these important decisions and look out for your best interest. We will keep you updated as the E1 changes get closer to going into place.

QS/1 is pleased to announce that the same flexibility and ease of use you experienced with the Nursing Home portion of RxCare Plus will soon be available through our GUI (Graphical User Interface) based NRx product.
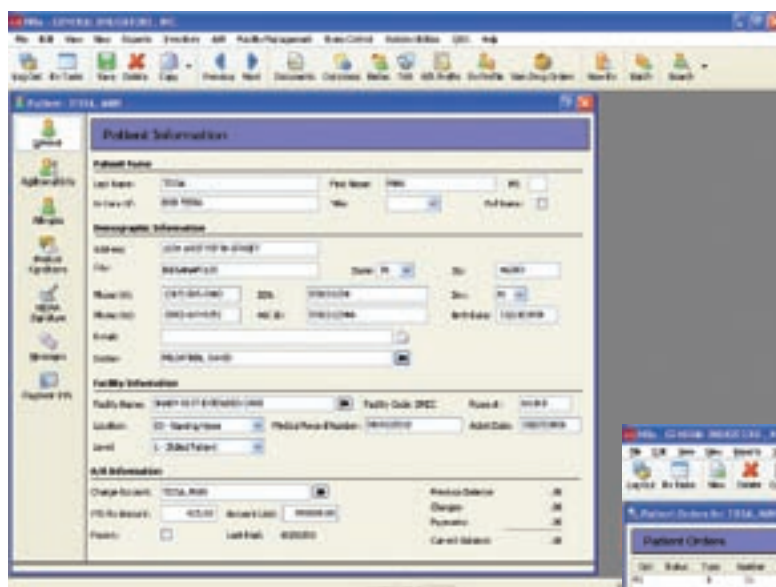
In order to integrate both programs, Service Pack 16 is designed to add basic nursing home features to NRx. This NRx add on module has functions equivalent to those already existing in RxCare Plus Nursing Home. The complete NRx Nursing Home module will be introduced in Service Pack 17 in July 2006.

The GUI technology interface allows you the flexibility to choose between standard keyboard entry or navigating through the system with the use of your mouse. Screen layout has been improved for easier reading and color schemes and shadings were designed with your eyes in mind. In addition, QS/1's own on-line HELP is available for viewing full training documentation and tutorials or to review the latest system enhancements. Field sensitive help tools and built-in wizards make learning easy.
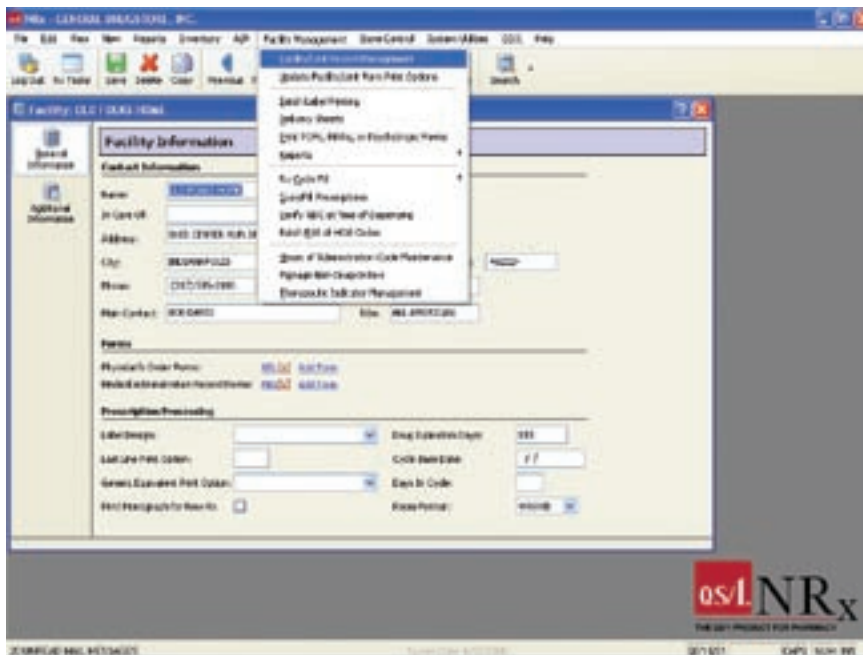
We at QS/1 pride ourselves in providing you with the very latest in healthcare technology. Some features have just recently been added and some have merely been improved. See the next page for a list of features found in our NRx Nursing Home module.
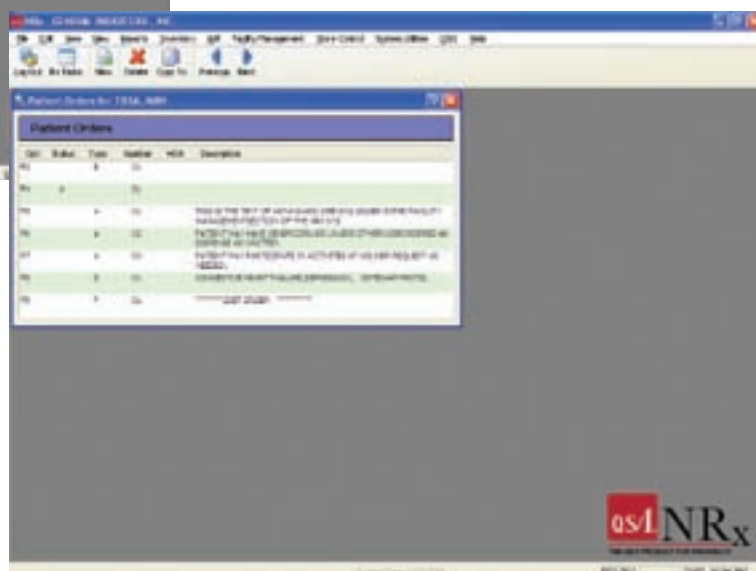
New to NRx Nursing Home*

The Facility Information area has been added to the Patient Record. This area houses such facility specific information as Room Number, Medical Record Number, Admit Date and Level of Care.

The Ancillary File stores any specific patient order information such as diet, exercise and treatment orders.

* Please note: This screen demonstrates what is displayed when the NRx Nursing Home Module is activated.

Unchanged Areas

The NRx Nursing Home module includes Cycle Fill with all the same functions as RxCare Plus, as well as all reports found in RxCare Plus Nursing Home. You'll also find the standard psychotropic reports, batch editing of HOA codes, scanning as well as filling prescriptions and NDC verification at the time of dispensing.

The standard physicians order forms and medication administration record formats are supported just as they are in RxCare Plus and PrimeCare. You are able to set up facility specific HOA Codes for your standard pass times, as well as your standard facility specific ancillary orders and header records.

Delivery Sheet print functions have also been modernized and Batch label printing functions remain unchanged.

To learn more about our NRx Nursing Home module and how it can work for you, contact a marketing representative at 1.800.231.7776

CUSTOMER SPOTLIGHT

FOUR CORNERS PHARMACY
DELMAR, NEW YORK

by Melanie Hershberger, Staff Writer, QS/1

With over 35 years of combined pharmacy experience, John Croce and Paul Pagnotta decided it was time to run the show themselves. In March of 2005, the pair of pharmacists teamed up to open Four Corners Pharmacy in Delmar, New York. Croce and Pagnotta specifically chose their business's location because they knew the personal service an independent pharmacy could offer was desperately needed in the Delmar area, which only had one 24-hour major chain pharmacy, at the time.

Croce and Pagnotta had both spent many years working for major chain pharmacies that frequently acquired independent pharmacies. It was during these take-overs that the two became familiar with QS/1's pharmacy management systems. Impressed with their initial impression of QS/1, the new business partners confidently selected QS/1's NRx pharmacy management system for Four Corners. "We knew QS/1 was a strong system for a lot of independent pharmacies," said Croce.

Another reason for choosing NRx was the close ties Croce and Pagnotta planned on having with nearby Albany College of Pharmacy. "NRx had a presentation that we knew would be much more appealing to the students than a text-based one and training would be much faster," said Croce.

Training time on the system was faster, indeed. "I recently had another pharmacist in the store and he filled scripts all day long without any previous training [on NRx]. He just asked questions periodically. Once you have some of the certain concepts down, NRx is very user-friendly," said Pagnotta.

Having come to well-know other systems' capabilities and limitations, Croce and Pagnotta are certain they would not want to be without several of NRx's features. "The clinical aspect of NRx is far superior to other systems. The way the clinical interactions are presented and the available references are a very good resource for our student-training program," said Pagnotta.

The students from Albany College of Pharmacy are not the only ones who benefit from NRx's clinical tools. Local physicians frequently call Four Corners to have Croce or Pagnotta lookup drug interactions. "The physicians have confidence in us. NRx has given us the opportunity to embed Four Corners as a resource in the community," said Croce.

NRx's Report Generator is another valuable tool that has tremendously helped Four Corners' profitability. "Our wholesaler has asked us how we have achieved our business goals in such a short time. We have far exceeded any of their expectations as far as turns and generic percentage. A lot of this stems from our ability to generate our own reports," said Croce.

Four Corners Pharmacy recently enjoyed a 20 percent increase in business when they solidified an account with a 90-bed assisted-living facility. They take advantage of the Nursing Home module offered through NRx. John explains that the module is "easy to use" and that because of the Graphical User Interface and the use of the mouse "data entry is faster and easier" than before. Additionally, a portion of the pharmacy's profits also stem from the sales of Durable Medical Equipment. While they do not sell oxygen or hospital beds, the pharmacy does do well with canes, wheel chairs, and commodes. Croce said he and Pagnotta also have future plans to have a customized surgical fitter on staff. ■

Family Care ™

Claim Reconciliation

by Martin Winters, Industry Network Specialist, QS/1

Is your pharmacy in the majority when it comes to claim reconciliation - you bank the check and hope you were both paid correctly and for all of the claims you billed? If you feel that you really should reconcile your claims but you and your staff have more jobs to do than time allows for, FamilyCare's Reconciliation service is available to assist you. For a minimal fee, this service can provide you with detailed remittance reports including under paid and non-paid claims. No more searching line by line looking for those claims.

When received from the third party the remittance reports - paid, under paid and not paid - are posted on FamilyCare's secure web site for you to review. If you are using QS/1's RxCare Plus or PrimeCare you then have the option to download the report to the appropriate transaction records. This not only gives you better reporting capabilities but you will have the information - patient, date of fill, drug name and pricing - you need as you follow up with non paid claims. These reports can also be printed, downloaded and saved in Excel for future reference and analysis.

FamilyCare is able to provide electronic claim recalculation for CareMark, CareMarkPCS, Express Scripts, TriCare, First Health and Medimpact.

With Medicare D increasing the number of your third party claims, now may be the time to consider FamilyCare's Reconciliation service. Contact us at FamilyCare@QS1.com to enroll or request additional information.

Google Your CornerDrugstore Website

by Tranaka Oglesby, Customer Support Associate, QS/1

In January 2006, CornerDrugstore administered a survey that reached 95% of our active customer base. The initial objective was to evaluate customer satisfaction and assess the importance of the pharmacy web site attributes. In the process of collecting this information we received additional comments and enhancement suggestions from customers. One suggestion was that their neighborhood pharmacy on CornerDrugstore be included in search engine listings. We investigated many options and found the most viable solution for our active customers--the Google AdWords Program.

The Google AdWords Program provides pharmacists the opportunity to send targeted visitors directly to their pharmacy. Pharmacists do this by creating their own ads and choosing keywords to aid Google in matching their ads to requests.

Google Ad Words can help people find your CornerDrugstore website. Google is currently the leader in web search and reaches more than 80% of Internet users.

There is a one-time nominal activation fee for Google AdWords. Thereafter, you only pay for the clicks on the keywords you have selected. By setting a daily budget for spending you can control your costs by selecting the amount you're willing to pay per click. For example, a new advertiser can activate their AdWords account with just $5.00, and can then choose a maximum cost-per-click (CPC) of $0.01 - $100. Daily budgets start as low as $.01 and can increase depending upon your comfort level. If you have further questions about the Google AdWords program, go to HYPERLINK, "http://www.AdWords.Google.com" www.AdWords.Google.com.

QS/1 is committed to continually improving the CornerDrugstore website to influence usability and enhance customer loyalty. Your customers and the success of your website is important to us. For additional information or to set-up your Cornerdrugstore website, call 1.800.559.5489 or e-mail Support@CornerDrugstore.com.

Thermal Printing

Whether you are a retail pharmacy or a long-term care facility, thermal printers are an extremely cost effective way for retail pharmacies to print labels and are relatively inexpensive, compared to many other printers. So, pharmacies can afford to have one at each workstation for multiple label printing.

Two Types of Thermal Printers:

There are two types of thermal printers: direct thermal and thermal wax transfer. The cost of a thermal transfer printer varies depending on the size of the printer and included features, while the cost of paper, ribbons, and print heads is about the same for both types. Be aware that print quality heavily depends on the quality of ribbon and paper.

Thermal Transfer: The paper required for printers using thermal transfer is not heat sensitive, so it is capable of printing heat resistant, durable labels. This type of printing is ideal for heat sealing. Thermal printers are commonly used for printing bar codes, labels, and price tags.

TLP-3844: Zebra's TLP-3844 thermal transfer printer has a small footprint, making it ideal for retail pharmacies. This printer uses paper with no toner, which is great for shelf stickers that must hold up to sunlight. The TLP-3844 is versatile in the fact that it can also be used as direct thermal printer.

Direct Thermal: Direct thermal printers create text by burning dots onto coated paper when the paper passes over a line of heating elements. Direct printers do not need a ribbon, but do require special heat-sensitive paper that contains toner. When this paper goes through the printer, the heated areas create the text.

There are more stringent paper requirements for direct thermal printing. Many printing problems result from using either the wrong type of paper for the printing job, or from poor paper quality. Keep this in mind when you are searching for your label source.

LP-3844: Zebra's LP-3844 direct thermal printer is ideal for printing bottle labels in retail pharmacies and is similar in appearance to the TLP-3844.

Z4M+: Zebra's Z4M+ is a heavier-duty printer that does both direct and thermal transfer printing. The Z4M+ is exclusively used in the LTC market and is now capable of printing warning labels.

C4M: Zebra's C4M is also a fast, heavy-duty printer. A retail version of this printer is now available, which is ideal for Long-Term Care facilities, as well as high-volume retail pharmacies.

New Interface Releases

by Charles Garner, Market Analyst, QS/1

Multi-Shippers Interface

Later this year QS/1 has plans to release two new interfaces that will greatly benefit RxCare Plus, NRx, and PrimeCare customers. The new Multi-Shippers interface will give our customers the ability to choose their shipping service provider, (DHL, FedEx, UPS, etc.) by batch. This interface will access the batch processing function from the Rx Processing Tasks screen, Patient Screen, Patient Prescription Profile Screen within Workflow, as well as the Tickler Queue. From the Batch Processing Screen, customers can choose an existing Shipping Method (DHL, FedEx, UPS, etc.) or "Shipping Priority" (Next Day, Ground, etc.) by selecting an option from the drop down window, as shown in Figure 1.
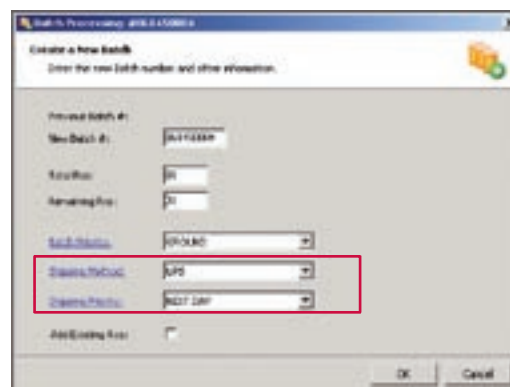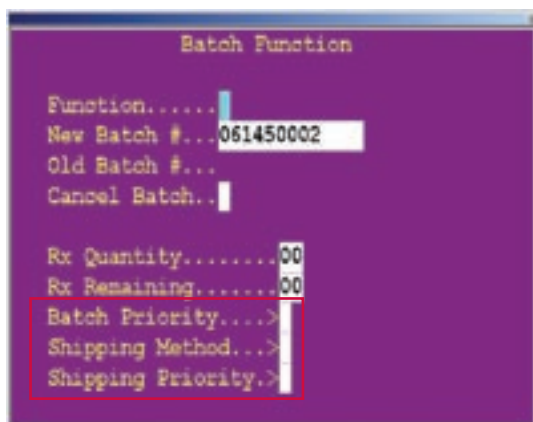
Figure 1

New entries can also be added to the Shipping Method or Shipping Priority tables from this screen by clicking on the corresponding fields, which default to the settings shown in Figure 2. When a transaction is entered into a batch, the Batch Numbers, Shipping Method, and Shipping Priority are noted on the Transaction Record. Once QS/1 receives the shipper's tracking number, it will also be placed on the Transaction Record.
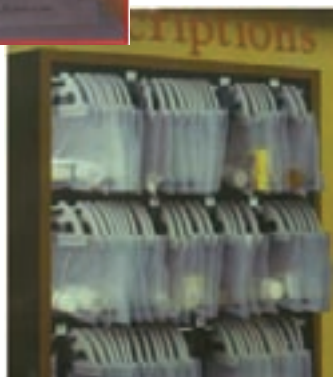
Figure 2

Will Call: Bin Management

Figure 3

QS/1 has developed a new interface for "Will Call" that will work with several Bin Management Systems. This interface will help create a fast and easy method to locate a prescription thus enhancing pharmacy efficiency, by simplifying prescription pickup for both patients and pharmacists. This interface will use the label routine 287, in part, to pick up the Rx number for the scan. When the bar code is scanned, a message is sent to QS/1 [Figure 3]. QS/1 will then verify the patient information and send acknowledgement to the Will Call System, ensuring proper placement of the prescription bag in the Will Call bin. For prescription pick-up, technicians must simply enter the customer's name in the Will Call System to be shown the prescription's exact bin location. [Figure 4].

Figure 4

QS/1 Customer Confer

What Are the B

"I come to be able to network with different pharmacists and to cross reference what I do with what they do in order to come up with better ideas," said Linda Willging, Mercy Family Pharmacy, Dubuque, IA.

"It is a great opportunity to see new software and hardware developments. Others in attendance willingly offer their tips and tricks and I enjoy meeting with QS/1 employees. Last year I was able to get valuable information I needed for Workflow," said Ron Holland, Akers Pharmacy, Gastonia NC.

"We come to identify the new features that enable our staff to maximize the potential of RxCare Plus and to collaborate with our colleagues. We always learn a lot," said Patsy Huff, UNC-Chapel Hill Student Health Pharmacy, Chapel Hill, NC.

Benefits of Attending?

"I attend for both the social and the business aspects. I enjoy meeting people at QS/1 that I have talked with over the phone throughout the year. The Customer Conference is the one place you have to come to be up-to-date on the latest releases," said John McVan Sr. Village Pharmacy, Spring House, PA.

"The conference provides a great chance to pick up some extra CE credits. Another bonus is that it is always held in interesting places," said Tom Blackburn, Blackburn's Pharmacy, Tarentum, PA.

"Networking is the main reason I attend the conference. I always learn so much from the wide variety of speakers," said Patrick Lam, Lahey Clinic, Burlington, MA.

"The conference gives us a heads up on QS/1 updates and new interfaces. It is a great opportunity to interact with others and share ideas," said Mindy Plowman, Thompson Pharmacy, Altoona, PA.

Customer Conference

St. Louis, Missouri

July 19-22, 2006
Adam's Mark Hotel

QS/1

QS/1® Customer Conference

July 19-22, 2006

Wednesday, July 19, 2006
Registration: 1:00 p.m. - 5:00 p.m.
Cocktail Reception: 6:30 p.m. - 7:30 p.m.

7:30 a.m. - 8:15 a.m. Registration & Continental Breakfast **8:15 a.m. - 8:30 a.m. Welcome & Introductions**	**Thursday, July 20, 2006** **Hardware Expo Hours: 1:00 p.m. - 5:00 p.m.**

8:30 a.m. - 10:00 a.m. – Disaster Planning for Your Business *Marsha Millonig* (1.5 hr. CE)

10:30 a.m. - 12:00 p.m. – E- Prescribing Update *Ken Whittemore, Jr., SureScripts & Shelly Spiro, R. Spiro Consulting* (1.5 hr. CE)

12:00 p.m. - 1:00 p.m. Luncheon

1:00 p.m. - 2:00 p.m. – External Forces in Healthcare 2006 *Tom Bizzaro, FirstData Bank* (1.0 hr. CE)

2:00 p.m. - 3:00 p.m. – Five Profit Variables *Dave Wendland, Hamacher* (1.0 hr. CE)

3:30 p.m. - 4:30 p.m. – Rebate Programs *Brian Huckle, Pharmacy First* (1.0 hr. CE)	3:30 p.m. - 4:30 p.m. – Medicare Part D (Long Term Care) *Shelly Spiro, R. Spiro Consulting* (1.0 hr. CE)

7:00pm - 10:00pm
Riverboat Blues Cruise - Sail Down Ol' Man River. Dinner Cruise is $40.00 per person $18.00 for children ages 3-12

7:30 a.m. - 8:15 a.m. Registration & Continental Breakfast **8:15 a.m. - 8:30 a.m. Welcome & Introductions**	**Friday, July 21, 2006** **Hardware Expo Hours: 1:00 p.m. - 5:00 p.m.**

8:30 a.m. - 9:30 a.m. – Legal Aspect of HME in Pharmacy *Sarah Hanna, ECS Billing* (1.0 hr. CE)	
10:00 a.m. - 12:00 p.m. – Pharmacy Trends 2006 *Doug Long, IMS* (2.0 hr. CE)	10:00 a.m. - 11:00 a.m. – HME Legislative Update *John Gallagher, VGM & Assoc.* 11:00 a.m. - 12:00 p.m. – Regulatory Changes to DMERC HME Billing *Sarah Hanna, ECS Billing*

12:00 p.m. - 1:00 p.m. Luncheon

RxCare Plus	NRx	CRx	HME	PrimeCare
1:00 p.m. - 3:00 p.m. Enhancements	1:00 p.m. - 3:00 p.m. Enhancements	1:00 p.m. - 3:00 p.m. Enhancements	1:00 p.m. -3:00 p.m. Enhancements	1:00 p.m. - 3:00 p.m. Enhancements

3:00 p.m. - 4:00 p.m.   Point-of-Sale for Pharmacy

7:30 a.m. - 8:15 a.m. Registration & Continental Breakfast **8:15 a.m. - 8:30 a.m. Welcome & Introductions**	**Saturday, July 22, 2006** **Hardware Expo Hours: 1:00 p.m. - 5:00 p.m.**

RxCare Plus	NRx	CRx	HME	PrimeCare
8:30 a.m. - 9:00 a.m. Interfaces & IVR 9:00 a.m. - 10:00 a.m. Healthcare Services 10:30 a.m. - 11:00 a.m. Technology Q&A 11:00 a.m. - 11:30 a.m. Additional Services 11:30 a.m. - 12:00 p.m. Security Update			8:30 a.m. - 12:00 p.m. Inventory HME Workflow Pending Orders & Quotes	8:30 a.m. - 10:00 a.m. Billing Matrix, A/R, Invoice, Reconciliation, 835's 10:30 a.m. - 12:00 p.m. Facility Record Review

12:00 p.m. - 1:00 p.m. Luncheon

RxCare Plus	NRx	CRx	HME	PrimeCare
1:00 p.m. - 2:00 p.m. NRx Overview			1:00 p.m. - 3:00 p.m. Advanced Security Journals HME Point-of-Sale	1:00 p.m. - 2:30 p.m. Workflow Nuts and Bolts,
2:00 p.m. - 3:00 p.m. RxCare Plus to NRx	2:00 p.m. - 3:00 p.m. Nursing Home Module	2:00 p.m. - 3:00 p.m. CRx to NRx Q&A		2:30pm- 3:00pm Miscellaneous Topic- Interfaces, Security Journals

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Sales Force Badges

Fund-Raiser Items

Photo I.D.'s

Business Cards

Discount Cards

Department Badges

Faculty Cards

Membership Cards

Hospital Badges

Athletic Clubs

Medical Benefit Cards

Product Updates

RxCare Plus: Service Pack 16

Store Information:

- Added a new option, Drug Label on NDC Match, to the Workflow options. This allows you to print a label when an NDC check is completed in the Workflow process. You can print the label after the NDC check is performed in Label and Dispensing or in the Quality Assurance check step. Type the 2 character label design in 'Drug Label on NDC match' to print when an NDC check is completed. The label prints and the system will proceed to the next prescription.

- Added a new option, Confirm Lot/Expiration at NDC Check' to the Rx Filling Options. This option allows you to save the lot number and drug expiration date when an NDC check is performed. If an NDC match is made, a window displays with the drug lot number and drug expiration date fields. Type the correct Lot number and expiration date. The lot number and expiration date are updated on the drug record. These fields may be programmed to print on the label.

- Added a new option, Tickler File History, to the Prescription Processing Options. This option will allow you to print a Tickler History Report from the Patient Customer File.

Reports:

- Added a new report, Tickler History Report, to the Patient Customer File reports.

Labels:

- Routine 342, 'Rx Tel Field' was changed to 'Rx Origin Field.' This prints what is in the 'Rx Origin Field' on the Prescription Record.

Prescription Processing:

- A new field, 'Date Written' has been added to the new prescription screen.

RxCare Plus: Service Pack 17

Prescription Processing:

- Added new sections, Interactions and Disclaimers to the Patient Information Leaflet.

- Added 'Shipping Method' and 'Shipping Priority' Fields to the Batch Processing Window. Renamed the 'Priority' Field to 'Batch Priority.'

- A verification check has been added to the 'D' function on the Transaction Record that reads, 'Do you wish to change the DATE on the transaction?'

- Added a 'Time' Field to the Additonal Transaction Information.

- Changed the Compound/IV Template and the Compound/IV Prescription Screens to allow for 4 decimal places.

General Reports:

- Added 'Yesterday' as a valid option for the Date Filled Select Option in Reports.

- Added a 'Print Status' column to the Duplicate NDC Report to print the Drug Status from the Drug Record.

- Added a Print Option, 'Print Sig Time', on the Transaction Signature Log Report.

- The ECS Report now prints the full DUR message if Print Option 4 (Prt DUR Msgs) is set to YES.

- Allow for reports or data export to be able to pull fields from the POS transaction when using the Rx Transaction File. This applies only if you have POS and RxCare Plus.

Store Information:

- Added a new price code error message, 'NDC Number Changed Since Last Fill' for the drug dispensed..

- The 'Stop Date Exceeded' error message now displays for new prescriptions. Before, it only displayed for refills or profiled prescriptions. This message can be found on page 10 of the Price Code.

Security Access:

- Added a new option, 'Allow Access with Default'. This will give you the option to require changing of the password if the password chosen matches the system password default.

NRx: Service Pack 16

Store Control

- Added a new option, Drug Label on NDC Match, to the Workflow options. This allows you to print a label when an NDC check is completed in the Workflow process. You can print the label after the NDC check is performed in Label and Dispensing or in the Quality Assurance check step. Type the 2 character label design in 'Drug Label on NDC Match' to print when an NDC check is completed. The label prints and the system will proceed to the next prescription.

- Added a new option, Confirm Lot/Expiration at NDC Check to the Rx Filling Options. This option allows you to save the lot number and drug expiration date when an NDC check is performed. If an NDC match is made, a window displays with the Drug Lot Number and drug expiration date fields. Type the correct Lot

Product Updates

number and expiration date. The lot number and expiration date are updated on the drug record. These fields may be programmed to print on the label.

- Added a new field, '1500 Form Default', to the Price Plan General Information Screen. This gives you the option to print 1500 forms. This field is used to link a price plan to a particular 1500 form format.

- Added a new option, Tickler File History, to the Prescription Processing options. This option will allow you to print a Tickler History Report from the Patient Customer File.

Reports:
- Added a new report, Tickler History Report, to the Patient Customer File Reports.

- Added the option to print 1500 forms in the Third Party Billing Forms.

QS/1
- The QS/1 Menu Functions were moved to the Systems Utilities. The QS/1 Menu provides links to launch qs1.com and a direct link to Support Log-in.

Prescription Processing:
- A new field, 'Date Written' has been added to the new prescription screen.

NRx: Service Pack 17
Store Control
- Added a new option, Allow Access with Default, to Security Options. This will give you the option to require changing of the password if the password chosen matches the system password default.

- The 'Stop Date Exceeded' Error Message now displays for new prescriptions. Before, it only displayed for refills or profiled prescriptions.

- Added a new price plan error message, "NDC number Changed Since Last Fill" for the drug dispensed.

- Added two options, Pharmacist Login Required Before Fill and Technician Required Before Fill to the Pharmacy Processing Options. Check the box if the pharmacist/technician password is required before filling a prescription.

Reports:
- Added 'Yesterday' as a valid option for the Date Filled Select Option in Reports.

- Added a Print Option, Print Sig Time, on the Transaction Signature Log Report. Type YES to print the date and time that the signature was captured on the report.

- The ECS Report now prints the full DUR message if print option 4 (Prt DUR Msgs) is YES.

Prescription Processing:
- Added new sections Interactions and Disclaimers to the Patient Information Leaflet.

- Added 'Shipping Method' and 'Shipping Priority' fields to the Batch Processing Window. Renamed the 'Priority' Field to 'Batch Priority'.

- Added a verification check to the Change Date Function on the Transaction Record.

- Added a 'Time' Field to the Transaction Additional Information Screen.

- Changed the Compound/IV Template and the Compound/IV Prescription Screens to allow for 4 decimal places.

- Changed the Prescriber Payment Exceptions Record to scan for a Price Plan by name.

POS:
- Added ability to print shelf labels and item stickers using the Zebra LP 3844-Z printer.

- Added option, 'Allow Access with Default', to Security Options window. This option allows users to access the system even if their password matches the system default password. The option defaults to allow access. If the employee's password matches the default password and this option is not turned on, the employee will be prompted to change their password.

CRx:
- A new field has been added to Drug Maintenance (menu path 4.3), 'Rx Monitor Program'. Several states now require pharmacies to report dispensings that do not fall in the mandatory controlled drug schedule report.

- Added a new field, 'Pricing Response', in Edit/Reprint (menu path 1.2) to give customers the ability to view all pricing fields related to a prescription.

- Added the option to skip the 'Correct Patient/Drug/Doctor?' prompt in Miscellaneous Options (7.4.8).

- Added a new field, 'Auxilliary' 'Phys Drug Desc', to Label Options (menu path 7.3.1.6) to support the California and Oregon requirements to print the physical description of the drug on the label.

Product Updates

PrimeCare: Service Pack 16

- Adds the Date Rx Written to the new order entry screen.

- A new Workflow option to print a label after the NDC check in Labeling and Dispensing or Quality Assurance. This function prompts for a lot number and expiration date. The purpose of this label is to create a lot number and expiration date label that can be attached to the dispensing package (eg. bingo card) during packaging.

- Adds a new file, Tickler History, and a new report, Tickler History Report. The purpose of this file and report is to track and report events that are stored in the Tickler file.

- Updates the T# function under Management Reports for Sales Analysis, Daily Audit, and Monthly Audit Report. This function lets you set a starting transaction number for these 3 reports and can save a lot of sorting time.

- Updates the Consolidated Delivery Sheet from Workflow to print the quantity on the delivery sheet from the current fill list rather than from the transaction.

PrimeCare: Service Pack 17

- New Select Option - YESTERDAY, similar to the Select Option TODAY that was added a number of years ago. These two Select Options can be used to automate various reports so that the date does not have to be keyed and saved every day.

- Expands the number of fill lists that can be selected for reports, viewing or exporting.

- Prints the full DUR Message on the ECS Report.

- Updates label routines so that no trailing zeros are printed after the decimal on label quantities.

- Added a new option, 'Allow Access with Default'. This will give you the option to require changing of the password if the password chosen matches the system password default.

SystemOne: Service Pack 17

Transaction Processing

- Added ability to store up to 48 accessories on a Transaction Record.

- Added ability to print DMERC 11.01 CMN Form. This is the second page of the CMN and is necessary if more than five accessories are included on a CMN.

- Added NPI (National Provider Identification) Number and NPI Expiration Date to the Doctor Record.

- Added an editable field, 'Lot #', to Order Update Screen. Lot Number displays in the 'Show Messages' section of the Transaction Screen.

- Expanded 'Prior Authorization' field on the Transaction Record to 20 characters.

- Modified WCVO and Medical Release Authorization forms to print the current date in the 'Date Printed' field, to print the transaction number in the detail portion of the form, and to print the correct beginning date of each transaction under the 'Service Date' field.

- Modified Transaction Profile to sort transactions by type. Added option Show Options, to the bottom of the Transaction Profile. Click this link to expand all options. Options are: Display All, Hide Loaners, Hide Billed, Hide Capped, Hide Fully Paid, Only Show Pended, Only Show Posted, Only Show Quoted, and Only Show Fully Paid.

- Added Discount Schedule Scan to Single Order Screen. Click the double-arrows next to the 'Discount Code' Field to access the scan.

Reports

- Added Print Option, 'Prt BalDue Ret Bal', to D Invoices/
  Pickup Slips. This option is used to print returned rentals when there is a patient balance due.

- Created a new pre-printed laser statement. The preprinted forms are available from Integral Solutions Group. Request HME Laser Statement H when ordering.

- Accounts Receivable Reports: Added Print Option, Prt End Date, to Statement C Print Options in Accounts Receivable Reports. This option is used to print date span (beginning and ending dates).

Shipping Interface

- Added options for the Shipping Interface. The system now stores a tracking number that is produced by the shipping company.

- Added Delivery/Tracking section to the Transaction Order Update window. Added the following fields: 'Tracking Number', 'Tracking Method', 'Tracking Priority', 'Batch Number', 'Batch Sequence', and 'Batch Total'.

- Added option, Batch Processing, to the Daily Operations Menu, Patient Record, and Transaction Profile. This option is used to group order and process the batch of orders.

- Added barcode for the Batch Number for Batch Processing. This barcode prints on the invoice/delivery ticket. The barcode only prints if the Batch Number is a nine digit number. This number is preceded with "43" to indicate that it is a batch number barcode. Added option, Print Barcode, for Invoice D Print Options in Store Level Options.

From The Support Center

Visit www.qs1.com and check out the updated Frequently Asked Questions section under the Customer Support Login.

All QS/1 Customers:
Stay up to date with the QS/1 *Insider*

Receive weekly updates from QS/1 right on your desktop. Go to the QS/1 website (www.qs1.com), and select Support - Customer Login.

Enter your Customer ID and Password then select the Downloads link at the bottom of the right hand column. Select the Sort by Name link. Go to the bottom of the page that is displayed and select the "Click here to subscribe to QS/1 Insider." link. On the Downloads page that is displayed select the download button at the bottom of the page. When prompted with "Do you want to run or save this file? select 'Run' If you receive a security warning select 'Run' and the InstallShield Wizard will launch. Select 'Next' Select 'Install' Select 'Finish' The QS/1 New Reader will now be displayed. Click on the link 'Insider - The QS/1 Customer Newsletter' to display a list of 'Insiders'

You can launch this application at anytime by clicking on Programs - QS1 - QS1NewsReader.

RxCare Plus & NRx:
For customers with an HL7 interface. This is how to answer an ISTOP error message.

When working in Prescription Processing and an ISTOP message appears, "See Scan for Details". Simply type a "Z" and press enter at the Rx Number Entry/ Patient Code Entry. Next you will see a box prompting for a entry, simply type in the word "ISTOP" and press enter. When prompted to restart the task, answer "Yes". This will restart the interface task and allow interface processing to continue.

Processing Quarlty update CD/DVD :
* The first two steps are identical for both RxCare Plus and NRx

1. Insert the new QS/1 Quarterly Update CD/DVD.
2. Go to Application Name, type QS1SETUP and press enter, and answer the following questions.

Steps 3 & 4 for RxCare Plus:
3. Go to File Maintenanc > Update Drug Clinical Date From CD-ROM> Automated Updates. This will load all clinical, monograph and FirstData Bank information.
4. Install the latest QS/1 Service Pack once Automated Updates are complete by clicking Start> Programs> QS1>Check for QS1 Service Packs.

Steps 3 & 4 for NRx:
3. Login from the Menu Bar, select System Utilities> Data Updates> Update Drug Clinical Data From CD-ROM> Automated Updates.
4. Install the latest QS/1 Service Pack once Automated Updates are complete by clicking Start> Programs> QS1>Check for QS1 Service Packs.

PrimeCare:
Floor Stock on the Fill List:

Floor stock is something that was programmed in the Fill List originally to deal with inpatient style dispensing. This enables the pharmacy to create mini-inventories at the facility/unit level.

For example, entering 30 Valium on floor stock would remove 30 out of the main inventory and put it in the floor stock for that unit. The unit then has an order and tracks the usage of the drug. The report, usually a sign out sheet or charge ticket comes back to the pharmacy with the cart exchange and that is when the tech can go into the Fill List and edit the quantity of the drug used. Order entry would put it in as Zero. The tech edits the quantity used from the charge ticket. Which updates the correct quantity and then when transactions are created, it is billed.

POS:
If you receive a "No File Error on WORK199", return to the sign on screen and make sure the secondary/ client name is 6 characters plus the register number. An example would be QS1POS01.

If you are receiving an error message of "Option Only Available From Cash Register", close out of the application. Re-open the client. On the connect screen, make sure the sign on name is 6 characters plus 2 digits (ex. QS1POS01) and the POS box is checked.

CRx 18.4:
• Added new Print Options to Price Update Services (menu path 7.3.2). The Price Update Report is currently set to print to paper as the default option.

The new options are:
 1=Print to paper
 2=Print to file
 3=Do not print.

With 18.4 you can now add 999 third parties (menu path 4.7.1).

If you need assistance, call Customer Support at 1.800.441.1995, select option 2 for Software Support.

SystemOne
The HME Fee Schedules are now being updated by Service Packs, this refers to the whole number releases and not the addenda (which are identified with lower case letters). In the past, customers obtained the updated fee schedules through the quarterly update CD's. Service Pack delivery allows us to service our customers with more current and precise Fee Schedules from Medicare.

QS/1 Support 1.800.845.7558 • CRx Support 1.800.441.1995

Trade Shows
In Your Area

Baton Rouge, LA
July 6-9, 2006:
Louisiana Pharmacists Association
http://www.louisisanapharmacists.com/

Pittsburg, PA
July 13-16, 2006:
Pharmacy Tech Conference

Virginia Beach, VA
July 14-15, 2006:
Virginia Association of Durable Medical Equipment Companies
VADMEC
http://www.vadmec.org/

The Woodlands, TX
July 22-23, 2006:
Texas Pharmacy Association Booth #814
http://www.texaspharmacy.org/

Las Vegas, NV
July 24-27, 2006:
Cardinal Retail Business Conference
http://www.cardinalrbc.com/

Knoxville, TN
July 24-26, 2006:
Tennessee Pharmacists Association
http://www.tnpharm.org/

Virginia Beach, VA
July 24-25, 2006:
Virginia Pharmacists Association
http://www.vapharmacy.org/

Myrtle Beach, SC
August 4-7, 2006:
Mutual Drug Company Show
http://www.mutualdrug.com/

Destin, FL
August 6-9, 2006:
Southeastern Gatherin'
http://www.pharmview.com/

Ashville, NC
August 10-13, 2006:
Smith Drug Company National
http://www.smithdrug.com/

Naples, FL
August 17-18, 2006:
Florida Association of Medical Equipment Services
FAMES
http://www.famesonline.com/

Rio Grande, PR
August 24-27, 2006:
College of Pharmacy of Puerto Rico Show Booth #27

San Diego, CA
August 26-29, 2006:
National Association of Chain Drug Stores
NACDS
http://www.nacds.org/

Sheboygan, WI
September 6-8, 2006:
Wisconsin Association of Medical Equipment Services
WAMES
http://www.wames.org/

Groton, CT
September 8-9, 2006:
Northeast Pharmacy Service Corporation
NPSC
http://www.northeastpharmacy.com/

Baltimore, MD
September 10-12, 2006:
HME Business Summit
http://www.hmesummit.com/

Moline, IL
September 15-17, 2006:
Illinois Pharmacy Association
http://www.ipha.org/

Milwaukee, WI
September 14-16, 2006:
Pharmacy Society of Wisconsin
http://www.pswi.org/

Grand Rapids, MI
September 18, 2006:
Spartan Stores Pharmacy Show

Atlanta, GA
September 19-21, 2006:
Medtrade -Booth #2663
http://www.medtrade.com/

Los Angeles, CA
September 28, 2006:
HD Smith Vendor Night
http://www.hdsmith.com/

Las Vegas, NV
October 7-11, 2006:
National Community Pharmacists Association
NCPA
http://www.ncpanet.org/

Addison, TX
November 1-3, 2006:
Medical Equipment Supplier Association
MESA
http://www.mesanet.org/

Columbus, OH
November 8-9, 2006:
Ohio Association of Medical Equipment Services
OAMES
http://www.oames.org/

Phoenix, AZ
November 15-18, 2006:
American Society of Consultant Pharmacies
ASCP
http://www.ascp.org/